

Certification of Sponsor Match

80% FEDERAL / 20% MATCH

All participating agencies that are contributing match towards the project must sign below to confirm that these funds will be available for the project. Specify the types of funds giving as much detail as possible.

MATCH SOURCES

Participating Agency: _____

Authorized Signature: _____ Phone: () _____

Match Amount: \$ _____ Is funding available at this time? ☐ Yes ☐ No

If not, date when funds will be available: _____

Is there a deadline for expenditure of this match money? ☐ Yes ☐ No

If yes, explain: _____

Participating Agency: _____

Authorized Signature: _____ Phone: () _____

Match Amount: \$ _____ Is funding available at this time? ☐ Yes ☐ No

If not, date when funds will be available: _____

Is there a deadline for expenditure of this match money? ☐ Yes ☐ No

If yes, explain: _____

Participating Agency: _____

Authorized Signature: _____ Phone: () _____

Match Amount: \$ _____ Is funding available at this time? ☐ Yes ☐ No

If not, date when funds will be available: _____

Is there a deadline for expenditure of this match money? ☐ Yes ☐ No

If yes, explain: _____